

EXAM REGISTRATION FORM

BUSINESS CONFIDENTIAL

Please print clearly, incomplete registration forms will be returned.

SECTION 1: APPLICATION INFORMATION				
☐ Mr. ☐ Ms. ☐ Mrs. ☐ Dr.				
Family Name/Surname:		Other:		
First Name/Given:		Middle In	itial:	
Address:				
City:	State/Countr	y:		Postal Code:
Home Email:			Date of Birth:	
Home Phone:		Home Fax	x:	
Employer:				
Title/Position:		Industry T	ype:	
Business Address:				
City:	State/Countr	y:		Postal Code:
Business Email:			Business Phone:	
Please contact me at (indicate your preferred em	nail address): Ho	ome Email Address	Business Email	Address
Have you taken an (ISC) ² examination before?	☐ No ☐ Ye	s If so, what is your e	xisting Member/Car	ndidate ID?
SECTION 2: EXAMINATION INFORMATION	(Please indicate	the examination	you wish to sit fo	r:)
CISSP® Certified Information Systems Security	Professional	CAP® Certified	l Authorization Profes	ssional
☐ ISSAP® Information Systems Security Architect	ture Professional	CSSLP® Certified Secure Software Lifecycle Professional		
ISSEP® Information Systems Security Engineering Professional		CCFP SM Certified Cyber Forensics Professional		
ISSMP® Information Systems Security Management Professional		☐ HCISPP SM HealthCare Information Security and Privacy Practitioner		
SSCP® Systems Security Certified Practitioner		CCSP SM Certified Cloud Security Professional		ofessional
For those candidates who do not have the required experience required for full certification:	d practical			
Associate of (ISC) ² : CISSP CAP C	CSSLP SSCP			
CCFP HCISPP	CCSP			
I have a physical or other disability that may r (https://www.isc2.org/certification-register-no				

(ISC)² EXAMINATION REGISTRATION FORM LATEST REVISION: 04-13-2015 VERSION: 2.0

SECTION 3: APPLICANT BACKGROUND	
Have you ever been convicted of a felony, a crime based on dishonesty (felony or misdemeanor involving lying) or a Court Martial in military service, or is there a felony charge now pending against you? (Omit minor traffic violations and offenses prosecuted in juvenile court).	Yes No
Have you ever been involved, or publicly identified, with criminal hackers or hacking?	Yes No
Have you ever had a professional license, certification, membership or registration revoked, or have you ever been censured or disciplined by any professional organization or government agency?	Yes No
Have you ever been known by any other name, alias, or pseudonym? (You need not include user identities or screen names with which you were publicly identified).	Yes No
If you replied YES to any of the questions in Section 3, explain fully below, and if you need additional space, explain or attached to this form.	n a separate sheet of paper
SECTION 4: APPLICATION REQUIREMENTS (Complete the appropriate section related to the certification/concentration you checked in S	Section 2)
Applicant must meet the following requirements to qualify to sit for the CISSP®/CAP®/CSSLP®/SSCP®/CCFPsm/HCISPPsm/I	
A) Subscribe to the (ISC) ² Code of Ethics B) Have the minimum year(s) of professional experience indicated below. Please refer to the (ISC) ² Website (www.isc) guidelines regarding what constitutes professional information security experience. CISSP's may be eligible to waive O Experience :	
CISSP® - 5 years of direct full-time information security professional experience in 2 or more of the 10 domains of the (ISC CAP® - 2 years of direct full-time information security professional experience in 1 or more of the 7 domains of the (ISC CSSLP® - 4 years of direct full-time information security professional experience in 1 or more of the 8 domains of the (ISC) SSCP® - 1 year of direct full-time information security professional experience in 1 or more of the 7 domains of the (ISC) CCFPSM - Four-year college degree plus 3 years of direct full-time digital forensics or IT security experience in 3 or more of the (ISC)² CCFP CBK® (if no degree, 6 years of direct full-time digital forensics or IT security experience in 3 or more of the (ISC)² CCFP CBK®) HCISPPSM - 2 years of experience in 1 or more of the 6 domains of the (ISC)² HCISPP CBK® that includes security, complie experience may be substituted for compliance, and/or information management experience may be substituted for experience requirement must be in healthcare. CCSPSM - 5 years of cumulative paid full-time information technology experience, of which three (3) years must be in in (1) year in one of the six (6) domains of the CCSP examination. Earning the Cloud Security Alliance's CCSK certificate (year of experience in one of the six (6) domains of the CCSP examination. Earning the CISSP credential can be substited experience requirement.)2 CAP CBK® C)2 CSSLP CBK® 2 SSCP CBK® 3 of the 6 domains of the 6 domains of 5 ance & privacy. Legal privacy. 1 of the 2-year anformation security and one can be substituted for one (1)
To qualify for a concentration examination, you must be a CISSP in good standing, Please enter your member ID Num	ber
Section 5: EXAMINATION PREFERENCES	
New date(s) you wish to attend - please see the Exam Schedules page at www.isc2.org for a current list of exam date the rescheduling policies at (https://webportal.isc2.org/Custom/ExamsSearch.aspx) prior to selecting your preference	
Exam Date: (MM/DD/YY) Exam Location:	
The CISSP Concentrations exams CSSLP, and CAP exams are available in English only.)	
All non-English exams include each question in both English and chosen language.	
CISSP Exam Language: English (US) French (Standard) German Japanese Korean International	Brazilian Portuguese
SSCP Exam Language: English (US) Japanese Portuguese Bahasa Indonesia	
Private Event Code (if a	nnlicable):

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For those candidates who do not have the required practical experience required for full certification: CISSP or Associate of (ISC)2	tion 6: EXAMINATION FEES	Fees you pay w		he location of the	e eve
CISSP Cencentration (ISSAP, ISSEP, ISSMP) CISSP Cencentration (ISSAP, ISSEP, ISSMP) CISSP Cencentration (ISSAP, ISSEP, ISSMP) CAP or Associate of (ISC)² 419 290 360 CSSLP or Associate of (ISC)² 549 380 480 SSCP or Associate of (ISC)² 419 250 175 215 HCISPP ar Associate of (ISC)² 549 349 240 280 CCFP or Associate of (ISC)² 549 380 480 CCFP or Associate of (ISC)² 549 380 480 CSP or Associate of (ISC)² 549 380 480 CSP or Associate of (ISC)² 549 380 480 Cores may apply based on examination location. Stion 7: METHOD OF PAYMENT ment is due at the time of registration. Payment may be made by voucher or by check, money order drawn on a major U.S. bank or via a major core or make checks or money order payable to (ISC)². Taxes may apply based on examination location. See select payment method: Please enter your voucher number: Voucher (Enter 24 - 32 characters from left to right) Thave poid an authorized (ISC)² Affiliate. Check (Taxes may apply based on examination location. If you have questions about VAT or other taxes, please call the regional office nearest you - See page 4). Credit Card VISA (13 or 16 Digits) Mastercard (16 Digits) American Express (15 digits) see enter your credit card number: See enter your credit card number: See enter your credit card expiration date (MM/YY): DIT CARD AUTHORIZATION I hereby authorize (ISC)² to charge (amount) any applicable taxes to my credit card indicated above, subject to the (ISC)² cancellation and refund policy stated: Coefficial and Refund Policies)			EXAM FEES*		
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CCSP or Associate of (ISC) ² 549 549 549 549 540 540 540 540	HCISPP or Associate of (ISC) ²	349	240	280	
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(ISC)² EXAMINATION REGISTRATION FORM

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Section 8: APPLICATION AGREEMENT & POLICIES

I hereby agree to the conditions as set forth in the (ISC)² policies, procedures and terms, including the confidentiality requirements herein. I confirm that (ISC)² has the authority to invalidate, suspend, nullify, or void my examination score or certification subject to the terms herein. I agree that any violation of this application, Examination Agreement, policies or procedures of (ISC)², including disclosure of confidential information, is also a violation of the (ISC)² Code of Ethics and (ISC)² can take any action it deems necessary, including legal enforcement.

I HAVE READ THIS APPLICATION, EXAM AGREEMENT, AND ALL (ISC)² POLICIES AND PROCEDURES AND ACCEPT THE OBLIGATIONS IMPOSED UPON ME. NO PROMISES, THREATS, OR REPRESENTATIONS HAVE BEEN MADE TO ME TO INDUCE ME TO ENTER INTO THIS AGREEMENT. I ACCEPT THIS AGREEMENT VOLUNTARILTY AND FREELY

I HAVE READ AND UNDERSTAND THESE STATEMENTS AND INTEND TO BE LEG	ALLY BOUND BY THEM.
Authorized Signature:	Date:

Section 9: FORM INSTRUCTIONS

AMERICAS

Mail or fax this completed form to the (ISC)² office nearest to the examination event location:

To lax in second control in the (100) of the examination even location

(ISC)² Registration 311 Park Place Boulevard, Suite 400 Clearwater, FL 33759 USA Ph: +1.727.785.0189

(Toll Free):1.866.331.ISC2 (4722)

Fax: +1.727.683.0785

EUROPE / MIDDLE EAST / AFRICA

(ISC)² EMEA Second Floor 6 Hays Lane London, SE1 2HB United Kingdom Ph: +44 (0)203.283.4383 Fax: +44 (0)203.283.4384 **ASIA - PACIFIC**

(ISC)² Asia - Pacific Unit 807, 8th Floor, Tower 1 The Gateway, Harbour City 25 Canton Road, Tsim Sha Tsui Kowloon, Hong Kong Ph: +852.2850.6951 Fax: +852.2850.6959

You will be contacted at your preferred email address (as indicated on page 1) regarding your exam registration.

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